

Testimony of Julie Meashey
To the Policy Committee of the White House Conference on Aging
The Need for Mental Health Presence in Long-Term Care
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My name is Julie Meashey, representing the National Citizens' Coalition for Nursing Home Reform (NCCNHR) to the National Coalition on Mental Health and Aging. I am a Gerontologist working for a national resource center that provides technical assistance to advocates who work with residents of long-term care facilities.

It is a pleasure to be serving on this panel related to the mental health workforce. For 30 years now, the NCCNHR has been highlighting the importance of staff issues in long-term care including staff availability and staff training. In a landmark study conducted in 1985, NCCNHR asked nursing home residents to define a quality long-term care experience.¹ The resident voice was clear. Staff availability (including response to call bells and the provision of needed care) and staff treating them with dignity and respect were more important than anything else in the long-term care experience – more important than cleanliness, more important than activities, and more important than the cost of care.

NCCNHR's experience is that people identify these two factors – staff availability & staff's attitude – whether they are asked to define quality in an assisted living facility or whether they are referring to services they receive in their own home. And, as related to the theme of this listening session, it is imperative that any and all caregiving staff providing long-term care must be adequately equipped to identify and understand mental health needs. In fact, it is the understanding of mental illness and the knowledge of how to interpret behaviors that shapes the attitudes that those in the workforce have towards long-term care residents.

In long-term care, as in all settings, behavior is a method of communication. All people who work with older adults in long-term care (ie. certified nursing assistants, nurses, social workers, general practitioners, etc.) need to know how to interpret behavior and when a behavioral communication may signal a need for mental health services.

Equally important is having access to services and trained mental health professionals who can accurately assess, diagnose, treat, and provide support to those in long-term care who have mental health needs. This expertise is particularly important in this setting because behavioral communication may be a reaction to a care approach rather than a symptom of mental illness. Professionals working in this environment must be especially astute at determining the cause of a behavior so that the solution addresses the underlying need.

In addition to the availability of trained staff, NCCNHR has always maintained that the care planning process (including addressing mental health issues) is essential to quality.

¹ Holder, E. and Frank, B. A Consumer Perspective on Quality Care: The Residents' Point of View. A Project of the National Citizens' Coalition for Nursing Home Reform, 1985.

The aging process involves both physical and psychological change and older adults receiving long-term care are often dealing with an accumulation of losses including a shrinking social support system. Therefore, long-term care must include a thorough assessment and development of a comprehensive plan of care that includes regular re-evaluation. This process should be directed by the person receiving long-term care services and include those providing care.²

In generating solutions to address the need for a mental health presence in long-term care, the NCMHA has identified the following suggestions³:

We need to assure access to affordable and comprehensive mental health & substance abuse services that include:

- Outreach
- Home and community based care
- Prevention
- Intervention
- Acute care
- Long-term care

And, we need to support the integration of older adult mental health and substance abuse services into long-term care as well as primary health care and community based systems.

Types of needs present in long-term care

The resolutions of the NCMHA are particularly important because older adults who require long-term care services have a high incidence of mental health needs. Depression and dementia are the most commonly seen mental health conditions in this setting, but substance abuse, post traumatic stress disorder, and schizophrenia are also prevalent.

The prevalence of mental health needs in long-term care is extensive.

- The Surgeon General's Report on Mental Health released in 1999, revealed that 20 % of individuals over 55 experience mental illness
- 17% of older adults misuse alcohol, over-the-counter drugs, and prescription medications⁴

² Frank, B, Fraser, V, Hunt, S, and Greene Burger, S. Nursing Homes: Getting Good Care There. National Citizens' Coalition for Nursing Home Reform. Second Edition, 2002.

³ National Committee on Mental Health and Aging. Resolution on Mental Health & Substance Abuse Services and Interventions (Resolutions 1.2.1 and 1.2.7), 2004.

⁴ "Promoting Older Adult Health," Resource from Substance Abuse and Mental Health Services Administration Tool Kit (2002).

Approximately 2.8 million older adults reside in nursing homes and adult care facilities.⁵

- Among those who reside in a nursing facility, 65 – 91% of individuals have a significant mental disorder;
- 30 – 40% of those with dementia have significant behavioral & psychiatric symptoms (these include verbalizations such as screaming and behaviors such as wandering, biting, and hitting);
- 22% have symptoms related to depression (weight loss, memory changes, loss of appetite, changes in ability to perform activities of daily living, such as eating, bathing, or dressing); and
- 89% of these individuals will receive mental health care in the nursing home setting rather than a hospital or a mental health facility.⁶

Unrecognized and untreated mental health needs result in greater physical care needs

Despite the documented need for mental health services in long-term care settings, these needs often remain unrecognized and untreated. Why? Because the availability of services to address these needs is at an all time low and too often mental health needs are not adequately assessed in the long-term care setting. A six state survey of almost 900 nursing homes found that psychiatric services are needed for over 1/3 of nursing home residents, yet 3/4 of nursing homes can not access consultation and educational services for behavioral interventions. Access is particularly poor in rural areas.⁷ And if a health care facility is unable to access services, think of what is happening when elders search for care in a community based long-term care setting.

In addition to access problems, long-term care staff is inadequately trained to screen and detect mental health needs. Compounding this problem in the aged population is the fact that symptoms of mental illness in older adults are frequently displayed differently than in younger individuals. Health care professionals must be trained to recognize the oftentimes complex and sometimes subtle indicators of mental ailments which may present with physical symptoms. For example, mild confusion may be a sign of dehydration, depression, or dementia. A trained expert is needed to accurately detect the difference and to prescribe adequate treatment.

Furthermore, despite the existence of mental health screens designed and required in nursing home settings, studies indicate low rates of compliance related to the use of these tools. Fewer than half of nursing home residents with a serious mental illness receive proper preadmission screening. And, only 35% of those screened for mental health needs receive services.⁸ This means that these statistics are likely higher due to inadequate

⁵ National Ombudsman Reporting System Data - FY 2003

⁶ "Policy Supporting Quality Mental Health Care In America's Nursing Homes," A Report developed by a subcommittee of the American Geriatric Society and the American Association of Geriatric Psychiatrists. (2003).

⁷ *ibid.*

⁸ *ibid.*

screening and lack of skills by staff to properly identify and address these important needs.

Impact on long-term care consumers

As a result, long-term care consumers suffer needlessly with conditions that are preventable and treatable. Untreated mental health needs can lead to more complex medical conditions and death. Failure to treat these needs impacts independence and quality of life and requires increased services and supervision.

For example, dementia's most predominant symptoms are behaviors that often pose a challenge to caregivers in terms of providing care. These symptoms may include verbal or physical behaviors such as screaming, biting, hitting, and scratching - any of which can result in injury to self or others. Confusion and disorientation, symptoms also often associated with dementia, increase the need for care assistance and supervision. Alternatively, an increase in behavioral symptoms can be an indication of other illness. Thus, caregivers must have adequate training to understand and manage verbal and physical behaviors, as well as to discern or detect symptoms which may indicate additional physical or mental illnesses requiring treatment.

Depression impacts a person's quality of life by taking away one's ability to experience hope and derive pleasure. Depression affects one's ability to maintain independence by participating in activities of daily living such as eating, bathing, and dressing and untreated depression may lead to weight loss due to malnutrition and dehydration. Depression may also impact an individual's memory which leads to further reliance on others for assistance in managing everyday tasks such as paying bills and taking medication. If left untreated, these conditions require more care and services from those in the workforce providing care.

Summary

In conclusion, NCCNHR supports the National Committee on Mental Health and Aging resolutions because residents in nursing homes and all who utilize long-term care services need a workforce that is responsive, knowledgeable, and skilled. The availability of such a workforce combined with a comprehensive person directed care process involving those who provide care can result in a long-term care experience that is both positive and fulfilling.